	A B	С	D	E	F	G	Н	l J	K	L	1 M	N 0	Р	Q	R	S	T	J V	Х	Y
1	Uni	ified Rate Re	eview v2.0.4																	
2					_															
3	Cor	mpany Legal	Name:	<b>Aetna Health</b>	Inc. (a PA corp.)	State:	KY													
4	HIC	S Issuer ID:		34822		Market:	Small Group													
5	Effe	ective Date o	of Rate Change(s	s): <b>1/1/2016</b>	_															
6																				
7																				
9	Mar	ket Level Calcu	lations (Same for all	Plans)																
10																				
11	Sect	ion I: Experienc	e neriod data																	
12		erience Period:	e periou uutu	1/1/2014	to	12/31/2014														
					Experience Period															
13					Aggregate Amount		% of Prem													
14			1LR Rebate) in Expe	rience Period:	\$0		#DIV/0!													
15 16			Experience Period		\$0 \$0		#DIV/0!													
17		wed Claims: ex Rate of Exper	ience Period		\$0	#DIV/0! \$0.00	#DIV/0!													
18			Member Months		0															
19						_														
20	Sect	ion II: Allowed	Claims, PMPM basis	<u> </u>																
21					Experienc	e Period			ction Period	1/1/201 Annualiz		12/31/2016	)	Mid-point to Mic	I-point, Experie	nce to Projection:	24 r	nonths	=	
22					on Actual Expe	rience Allowed		Adj't. from to Project		Fac		Projections I	before credibilit	v Adjustment		Credibility Manua	ı			
				Utilization	Utilization per			Pop'l risk	ion i criou			Utilization per		y Aujustinent	Utilization	Average	<u> </u>			
23		Benefit Categ	orv	Description	1,000	Average Cost/Service	PMPM	Morbidity	Other	Cost	Util	1,000	Average Cost/Service	PMPM	per 1,000	Cost/Service	PMPM			
24		Inpatient Hos		Days	0.00		\$0.00	1.000	1.000	1.000	1.000	0.00				\$4,120.35	\$104.96			
25		Outpatient Ho	ospital	Services	0.00		0.00	1.000	1.000	1.000	1.000	0.00				1,167.60	126.76			
26		Professional		Services	0.00		0.00	1.000	1.000	1.000	1.000	0.00				145.61	102.46			
27		Other Medica Capitation	ıl .	Services Other	0.00		0.00 0.00	1.000 1.000	1.000 1.000	1.000 1.000	1.000 1.000	0.00				296.81 1.97	104.49 2.09			
25 26 27 28 29 30 31		Prescription D	Orug	Services	0.00		0.00	1.000	1.000	1.000	1.000	0.00				96.53	110.61			
30		Total	· ·				\$0.00							\$0.00			\$551.36			
																		After Credibility	Projected Perio	d Totals
32	Sect	ion III: Projecte	d Experience:				Projected Allowed					cable)		0.00%	ó		100.00%	\$551.36	\$2,	,205,448
33									-	-	ection Period							0.708		
34								Projected Inc Projected Ris			rein & Risk Ad	ij't, PMPM						\$390.36 -0.15		,561,457 (600)
36											einsurance rec	overies, net of reir	prem. PMPM					\$390.51		,562,057
37											net of rein pr							<u>-2.25</u>		(9,000)
38							Projected Incurred				·							\$392.76		,571,057
40							Administrative Ex	ense Load									10.27%	51.07		204,289
41							Profit & Risk Load										3.90%	19.39		77,578
42							Taxes & Fees										6.85%	34.06		136,259
43							Single Risk Pool G		g. Rate, PMF	PM								\$497.30		,989,184
44							Index Rate for Pro		or Evporise	co Doriod								\$570.70 #DIV/0!		
46								% increase o % Increase, a		Le Periou								#DIV/0!		
32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48							Projected Membe		aunzeur									,		4,000
48																				
	Ir	nformation Not		Public Unless Authori								-		d must not be						
49 50			disseminated,	distributed, or copie	d to persons not aut	horized to receiv	ve the information	. Unauthorized	disclosure m	ay result in p	rosecution to	the full extent of th	ne law.							
50																				

### **Product-Plan Data Collection**

Company Legal Name: HIOS Issuer ID:

Aetna Health Inc. (a PA corp.)

34822 1/1/2016

Effective Date of Rate Change(s):

State: **KY** 

. ...

Market: Small Group

### Product/Plan Level Calculations

Section I: General Product and Plan Information

Product							Aetna POS						
Product ID:							34822KY006						
Metal:	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Bronze	Bronze	Silver	Silver	Silver
AV Metal Value	0.814	0.811	0.792	0.714	0.708	0.718	0.683	0.681	0.616	0.612	0.706	0.681	0.708
AV Pricing Value	1.116	1.075	0.978	0.967	0.869	0.937	0.893	0.763	0.725	0.741	0.989	0.936	0.831
Plan Type:	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS
			KY Gold HNOption	KY Silver	KY Bronze	KY Bronze	KY Silver	KY Silver	KY Silver				
Plan Name	KY Gold HNOption	KY Gold HNOption	1500 80/50	HNOption 2000	HNOption 2600	HNOption 3500	HNOption 5000	HNOption 5400	HNOption 5000	HNOption 6350	HNOption 3000	HNOption 3000	HNOption 2600
	500 80/50	1000 80/50	Integrated	80/50	80/50 HSA EMB	80/50	80/50	Integrated	80/50 HSA EMB	100/50	100/50 HSA EMB	100/50 HSA TIF	80/50 HSA TIF
Plan ID (Standard Component ID):	34822KY0060001	34822KY0060002	34822KY0060003	34822KY0060004	34822KY0060005	34822KY0060006	34822KY0060007	34822KY0060008	34822KY0060009	34822KY0060010	34822KY0060011	34822KY0060012	34822KY0060013
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2							0.00%						
Historical Rate Increase - Calendar Year - 1							0.00%						
Historical Rate Increase - Calendar Year 0							0.00%						
Effective Date of Proposed Rates	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016
Rate Change % (over prior filing)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %	0.00%												

# Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	34822KY0060001	34822KY0060002	34822KY0060003	34822KY0060004	34822KY0060005	34822KY0060006	34822KY0060007	34822KY0060008	34822KY0060009	34822KY0060010	34822KY0060011	34822KY0060012	34822KY0060013
Inpatient	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Outpatient	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Prescription Drug	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Capitation	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Taxes & Fees	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk & Profit Charge	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Rate Increase	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Share Increase	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Average Current Rate PMPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Projected Member Months	4,000	334	333	333	250	250	250	250	250	500	500	250	250	250

## :tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	34822KY0060001	34822KY0060002	34822KY0060003	34822KY0060004	34822KY0060005	34822KY0060006	34822KY0060007	34822KY0060008	34822KY0060009	34822KY0060010	34822KY0060011	34822KY0060012	34822KY0060013

Plan Adjusted Index Rate	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Premium (TP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EHB Percent of TP, [see instructions]	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other														
than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EHB Percent of TAC, [see instructions]	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are														
other than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS's funds on behalf	4.0			4.0			4.0	4.0			4.0		4.0	4.0
of insured person, in dollars	\$0	\$0	\$0	Ş0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Ş0	\$0
Portion of above payable by HHS on behalf of	#B###61	"B" (/o)		#B##/61	#B####	#B# //61	#B# //OI	"B" (/O)	#B# //61	#B##/61	"F" (/0)	#B###61	#B###61	#B# //61
insured person, as % Total Incurred claims, payable with issuer funds	#DIV/0! \$0	#DIV/0! \$0	#DIV/0! \$0	#DIV/0!	#DIV/0! \$0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0! \$0	#DIV/0! \$0	#DIV/0!	#DIV/0!	#DIV/0!
Total incurred claims, payable with issuel funds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Rein	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Net Amt of Risk Adj	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Ç0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	70.00	\$0.00
Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

### :tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	34822KY0060001	34822KY0060002	34822KY0060003	34822KY0060004	34822KY0060005	34822KY0060006	34822KY0060007	34822KY0060008	34822KY0060009	34822KY0060010	34822KY0060011	34822KY0060012	34822KY0060013
Plan Adjusted Index Rate	\$514.63	\$640.42	\$617.36	\$561.71	\$555.03	\$498.64	\$537.97	\$512.79	\$438.09	\$416.12	\$425.66	\$567.95	\$537.08	\$476.86
Member Months	4,000	334	333	333	250	250	250	250	250	500	500	250	250	250
Total Premium (TP)	\$2,058,523	\$213,900	\$205,581	\$187,049	\$138,758	\$124,660	\$134,493	\$128,198	\$109,523	\$208,060	\$212,830	\$141,988	\$134,270	\$119,215
FUR Descent of TD [see instructions]	100.000/	100.000/	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other														
than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$2,205,440	\$199,784	\$192,502	\$179,542	\$147,596	\$133,840	\$142,371	\$142,611	\$122,125	\$256,858	\$262,624	\$153,182	\$145,485	\$126,920
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are														
other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$645,568	\$37,220	\$36,364	\$37,417	\$42,153	\$39,028	\$40,149	\$45,265	\$38,982	\$98,608	\$101,898	\$45,066	\$46,410	\$37,010
Portion of above payable by HHS's funds on behalf		. ,	, ,	· ,	. ,	· ,	. ,	· ,	. ,	. ,	. ,	. ,	. ,	. ,
of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of														
insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$1,559,872	\$162,564	\$156,138	\$142,125	\$105,443	\$94,812	\$102,223	\$97,346	\$83,143	\$158,250	\$160,726	\$108,116	\$99,075	\$89,910
Net Amt of Rein	-\$9,000	-\$752	-\$749	-\$749	-\$563	-\$563	-\$563	-\$563	-\$563	-\$1,125	-\$1,125	-\$563	-\$563	-\$563
Net Amt of Risk Adj	-\$600	-\$50	-\$50	-\$50	-\$38	-\$38	-\$38	-\$38	-\$38	-\$75	-\$75	-\$38	-\$38	-\$38